

State of New Hampshire

Banking Department

64B Old Suncook Rd
Concord, NH 03301

Peter C. Hildreth
Bank Commissioner

Robert A. Fleury
Deputy Bank Commissioner

Telephone: (603) 271-3561

Fax: (603) 271-0750

Licensing: (603) 271-8675

www.nh.gov/banking

MORTGAGE SERVICER REGISTRATION APPLICATION FORM

General Instructions

Use this form when newly applying for a registration or when amending information on file with the department. When terminating or surrendering a NH mortgage servicer registration use the NH License Surrender/Expiration Form available on our website at www.nh.gov/banking/consumer.html.

1. **New Application:** Use this form when newly applying for a registration. Answer all questions, complete all forms and pay appropriate fees. See detailed instructions below.
2. **Amendment Filing:** Use this form to amend information on file with the department. The required fields to complete are the "Date of Filing", the "Effective Date", check off "Amendment", and complete 1A and 1B; then you only need to enter and circle the information on the form that is being amended (information that has changed from what is on file with the department). To amend information on Schedules A & B (*principals* of the company), use Schedule C which you may obtain from our website at www.nh.gov/banking/consumer.html.
3. **Surrender or Expiration:** When a registered company surrenders its registration or allows it to expire without renewal at year end it must file a NH License Surrender/Expiration form. Go to our website at www.nh.gov/banking/consumer.html and get the NH License Surrender/Expiration form and follow its directions.

New Application Instructions

The principal office of the *applicant* must be registered wherever it is located. The initial fee to register as a mortgage servicing company is \$100.

Please make sure the following are included with the application:

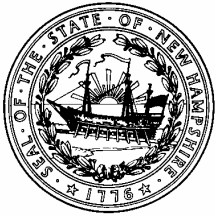
1. Foreign (not formed in New Hampshire) *applicants* must appoint a NH agent. The agent must have a NH business address open during normal business hours.
2. Foreign (not formed under NH law) corporations, foreign limited liability companies and foreign partnerships must provide a copy of their home state registration and proof of registration as a foreign corporation, foreign limited liability company or foreign partnership issued by the NH Secretary of State. (Telephone Number: 603-271-3244 or 603-271-3246; www.nh.gov/sos/corporate)
3. Foreign and domestic *applicants* who propose to use a trade name in NH must provide proof of trade name registration issued by the NH Secretary of State. (Telephone Number: 603-271-3244 or 603-271-3246) The "Owner" of the trade name listed on the registration must match the name of the *applicant*. If these are not the same, ownership must be changed through the Secretary of State's office.
4. *Applicants* must provide organizational documents as follows: corporations must submit a copy of their Articles of Incorporation and By-Laws, and any amendments thereto; Partnerships must submit a copy of the Partnership or Limited Partnership Agreement and any amendments thereto; and Limited Liability Companies must submit copies of their Articles of Organization, any Management Agreements that exist, and any amendments to either.
5. A list of names and Tax ID numbers of applicable owners, officers, directors, members, partners, trustees, beneficiaries and NH branch managers must be provided on Schedules A & B on this form. The instructions to those schedules explain the reporting thresholds. File an Individual Disclosure Form, a Criminal History Record Information Authorization Form and fingerprint card for each individual on the lists.
6. Criminal Records checks are conducted by the State of New Hampshire Department of Safety, State Police Division. The Department of Safety charges a \$39 fee to cover costs for each record check. A copy of the *Department of Safety Division of State Police Criminal History Record Information Authorization Form* follows these instructions. You may make copies of this form, and then complete a form for each individual listed on Schedule A & B of this form. Complete all items in Section I, and make sure to sign the release information in Section II of the form and have the form notarized. All checks and money orders for the record checks must be

made payable to “State of NH – Criminal Records.”

Fingerprints must be submitted in order to complete the criminal background checks. To request fingerprint card(s), which must be on a New Hampshire State Police fingerprint form, you may submit a form from our website www.nh.gov/banking/consumer.html, call (603) 271-8675 or e-mail licensing@banking.state.nh.us the licensing section at the Banking Department, indicate the number of cards needed and the address where they should be sent (only one address; the *applicant*, *licensee* or *registrant* is responsible for distribution to applicable persons within their organization) and we will send fingerprint cards out to you right away.

7. Submit a *Criminal History Record Information Authorization Form*, fingerprint card and a fee in the amount of \$39 payable to “State of NH – Criminal Records”, for each individual listed on Schedules A & B of this form, to the Banking Department. We will forward the document(s) and check(s) to the Department of Safety. Fees covering multiple individuals may be combined into one check.
8. Applicable definitions:
 - A. “Applicant” – The mortgage servicer applying or amending information on this form. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.
 - B. “Control” – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a director, general partner or officer exercising executive responsibility (or having similar status or functions); (ii) directly or indirectly has the right to vote 10% or more of a class of a voting security or has the power to sell or direct the sale of 10% or more of a class of voting securities; or (iii) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 10% or more of the capital, is presumed to control that company.
 - C. “Direct Owner” means any person, including individuals, that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of 10% or more the *applicant* or *registrant*.
 - D. “Financial Services” or “Financial Services-Related” – Pertaining to securities, commodities, banking, insurance, consumer lending, debt adjustment, money transmission or real estate (including, but not limited to, acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, mortgage servicer, closing agent, title company, or escrow agent).
 - E. “Indirect Owner” means, with respect to direct owner and other indirect owners in a multilayered organization:
 - (a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of that corporation;
 - (b) in the case of an owner that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership’s capital;
 - (c) in the case of an owner that is a trust, the trust, each trustee and each beneficiary of 25% or more of the trust;
 - (d) in the case of an owner that is a Limited Liability Company (“LLC”), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC’s capital, and (ii) if managed by elected managers, all elected managers; and
 - (e) in the case of an indirect owner, the parent owners of 25% or more of their subsidiary.
 - F. “Jurisdiction” - The federal government, a foreign government, a state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.
 - F. “Registrant” – The mortgage servicer that holds a New Hampshire registration and is amending information on this form.
 - G. “Person” means an individual, corporation, business trust, estate, trust, partnership, association, 2 or more persons having a joint or common interest, or any other legal or commercial entity however organized.
 - H. “Principal” of the *applicant* or *registrant* means an owner with 10 percent or more ownership interest, corporate officer, director, member, general or limited liability partner, limited partner with 10 percent or more ownership interest, trustee, beneficiary of 10 percent or more of the trust that owns the *applicant* or *registrant*, executive officer, senior manager and any person occupying similar status or performing similar functions.

Please make sure that all items on the application form are completed and all attachments, numbered to correspond to the question or item to which they respond, are enclosed with the application filing. Please include the *applicant*’s name on each attachment. Inclusion of a list/index of attachments is recommended. Care in providing all the required information will result in the filing of a complete application and will enable us expeditiously to review the application without the need to write for further information.



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FOR OFFICE USE ONLY Ck. # _____ Amt.\$ _____ Rec'd by _____ Date _____ ***** Entered By _____ Date _____ App. Complete Date _____ Approved By _____ Date _____	NEW HAMPSHIRE MORTGAGE SERVICER APPLICATION FORM Date of Filing: _____ Effective Date: _____	MORTGAGE SERVICER <input type="checkbox"/> \$100 FEES APPLY FOR NEW LICENSE ONLY, NOT FOR AMENDMENTS Make Check Payable To: "STATE OF NEW HAMPSHIRE"
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WARNING: Failure to keep this form current and to file accurate supplementary information on a timely basis, or the failure to keep accurate books and records or otherwise to comply with the provisions of law pertaining to the conduct of business for which you are applying, may violate the laws of the State of New Hampshire and may result in disciplinary, administrative, injunctive or criminal action.

INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS MAY CONSTITUTE CRIMINAL VIOLATIONS.

NEW APPLICATION ☐ AMENDMENT ☐ *To amend, circle item(s) being amended.*

1. Exact name, principal business address, mailing address, if different, and telephone numbers of *applicant*:

A. Full legal name of <i>applicant</i> : (if sole proprietor, provide last, first and middle name)	B. IRS Employer Identification Number (Social Security No is allowed for sole proprietorship)

C. (1) Trade Name under which business primarily is or will be conducted in New Hampshire, if different from Item 1A (attach copy of NH Trade Name registration issued by the NH Secretary of State).

(2) List any other name(s) by which the *applicant* conducts or will conduct business and the *jurisdiction(s)* in which the name(s) are or will be used (Use additional sheets as necessary).

1. Name	Jurisdiction	2. Name	Jurisdiction
3. Name	Jurisdiction	4. Name	Jurisdiction

D. If this filing makes a name change on behalf of the *applicant*, enter the new name and specify whether the name change is of the
☐ *applicant* name (1A) or ☐ business trade name (1C): _____

E. Main address: (Do not use a P.O. Box)

Number and Street	City	State/Country	Zip+4/Postal Code
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F. Mailing address, if different:

PO Box or Number and Street	City	State/Country	Zip+4/Postal Code
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G. Telephone Numbers and Website address:

Business phone	Fax line
Area Code _____ Telephone Number _____	Area Code _____ Telephone Number _____
website address #1 _____	website address #2 _____

H. Contact Employee (President, Chief Executive Officer or Senior Partner of *Applicant*):

Name and Title	Area Code _____ Telephone Number _____		
Number and Street	City	State/Country	Zip+4/Postal Code
E-mail Address	Fax Number		

I. Principal Registration Contact Person (This is the individual who may sign this application form and to whom all registration questions and issues will be addressed. The named individual must be authorized by the company to make sworn statements and attestations on behalf of the company where required as part of the application and/or renewal process. The Principal Contact Registration Person may be the same as the person named in 1I above):

Name and Title

Area Code

Telephone Number

Number and Street

City

State/Country

Zip+4/Postal Code

E-mail Address

Fax Number

J. Employee authorized to respond to consumer complaints:

Name and Title

Area Code

Telephone Number

Number and Street

City

State/Country

Zip+4/Postal Code

E-mail Address

Fax Number

K. Employee to contact regarding legal/litigation matters:

Name and Title

Area Code

Telephone Number

Number and Street

City

State/Country

Zip+4/Postal Code

E-mail Address

Fax Number

L. Physical address of location where the official books and records of the *applicant* will be kept.

Organization Name (if different from *applicant*) or Records Custodian Name

Area Code

Telephone Number

Number and Street

City

State/Country

Zip+4/Postal Code

2. Enter appropriate number in the box(es) for each *jurisdiction*:

Enter "1" if *applicant* is **newly applying** in that *jurisdiction* as a mortgage servicer (MS).

Enter "2" if *applicant* has a **pending application** in that *jurisdiction* as a mortgage servicer (MS).

Enter "3" if *applicant* is **already licensed/registered** in that *jurisdiction* as a mortgage servicer (MS).

	MS		MS		MS		MF	
Alabama		Idaho		Montana		Rhode Island		
Alaska		Illinois		Nebraska		South Carolina		
Arizona		Indiana		Nevada		South Dakota		
Arkansas		Iowa		New Hampshire		Tennessee		
California – DOC		Kansas		New Jersey		Texas – OCCC		
California – DRE		Kentucky		New Mexico		Texas – SML		
Colorado		Louisiana		New York		Utah		
Connecticut		Maine		North Carolina		Vermont		
Delaware		Maryland		North Dakota		Virginia		
District of Columbia		Massachusetts		Ohio		Washington		
Florida		Michigan		Oklahoma		West Virginia		
Georgia		Minnesota		Oregon		Wisconsin		
Guam		Mississippi		Pennsylvania		Wyoming		
Hawaii		Missouri		Puerto Rico				

3. A. Indicate legal status of *applicant*.

☐ Corporation

☐ Partnership

☐ Sole Proprietorship

☐ Limited Liability Company

☐ Other (*specify*) _____

B. *Applicant's* fiscal year end (MM/DD): _____

C. (i) If other than a sole proprietorship, indicate date and place *applicant* obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where *applicant* entity was formed) and attach copy of Certificate of Incorporation or Certificate of Formation issued by the appropriate agency of the state of incorporation/formation :

State & Country of formation: _____ Date of formation (MM/DD/YYYY): _____

D. If *applicant* is a publicly traded corporation, please insert stock symbol and the name of at least one exchange upon which the *applicant's* securities are traded: _____

NH Schedule C

Rev. 07/06

<p>E. Foreign (not formed in New Hampshire) entities must appoint and maintain at all times a registered agent in New Hampshire. If the <i>applicant</i> has a NH branch office, an individual in that office may be appointed as the NH registered agent. If the <i>applicant does not have</i> a NH branch office or does not wish to appoint someone in a branch office, the <i>applicant</i> must appoint another person located in NH to be the NH registered agent. The agent's office must be open during regular business hours.</p> <p>Name of Agent: _____ Telephone: _____</p> <p>Complete address of NH Agent: _____ (Provide a NH business address to include the actual physical location, street, town or city and zip): _____</p> <p>Mailing Address of Agent (if different): _____</p>																																															
<p>4. A. Directly or indirectly, does <i>applicant control</i>, is <i>applicant controlled</i> by, or is <i>applicant</i> under common <i>control</i> with, any <i>person</i> that is engaged in the business of a mortgage servicer, mortgage lender or mortgage broker? <i>If no, go to 4B.</i></p> <p>The Partnership, Corporation, or Organization _____</p> <p>(check only one for each relationship, attach additional copies as needed) Partnership, Corporation, or Organization Name</p> <p><input type="checkbox"/> <i>controls applicant</i> <input type="checkbox"/> <i>is controlled by applicant</i> <input type="checkbox"/> <i>is under common control with applicant</i></p> <p>Number and Street _____ City _____ State/Country _____ Zip+4/Postal Code _____</p> <p>Briefly describe the <i>control</i> relationship, including an organizational chart which shows the relationship. Use additional sheets for comments if necessary. _____</p>		<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>																																												
<p>B. Directly or indirectly, is <i>applicant controlled</i> by any of the following? <i>If no, go to 5.</i></p> <p><input type="checkbox"/> Bank Holding Company <input type="checkbox"/> National Bank <input type="checkbox"/> State Member Bank of the Federal Reserve System</p> <p><input type="checkbox"/> State Non-Member Bank <input type="checkbox"/> Savings Association/Savings Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Foreign Bank <input type="checkbox"/> Thrift Holding Company</p> <p>Financial Institution Name _____</p> <p>Number and Street _____ City _____ State/Country _____ Zip+4/Postal Code _____</p> <p>Briefly describe the <i>control</i> relationship, including an organizational chart which shows the relationship. Use additional sheets for comments if necessary. _____</p>		<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>																																												
<p>C. Schedule A and, if applicable, Schedule B must be completed as part of all initial applications to identify <i>principals</i> of the <i>applicant</i>. Amendments to Schedules A and B must be provided on Schedule C as changes occur.</p>																																															
<p>5. Will <i>applicant</i> engage in any non-mortgage servicer-related business?</p> <p>If "yes" briefly describe. _____</p>		<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>																																												
<p>6. Will <i>applicant</i> occupy or share space with any <i>person(s)</i> engaged in <i>financial services-related</i> activity? If "yes," provide the name(s) of the other <i>person(s)</i>. _____</p>		<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>																																												
<p>7. Applicant's servicing offices: List all servicing office locations of the <i>applicant</i>, other than the principal office of the <i>applicant</i>, that are in New Hampshire or that service mortgages on property located in New Hampshire. Attach a separate sheet if necessary.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Contact Person at Location</th> <th style="width: 30%;">Address/Zip</th> <th style="width: 20%;">Telephone No.</th> <th style="width: 20%;">Fax No.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Contact Person at Location	Address/Zip	Telephone No.	Fax No.																																								
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<p>8. If the answer to any of the following is "YES", provide complete details of all events or <i>proceedings</i> in an attachment. Refer to the explanation of terms section of the instructions for explanations of italicized terms. Remember to file updates to these disclosures as needed.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Criminal Disclosure</th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> </tr> </thead> <tbody> <tr> <td>A. Has the <i>applicant</i> or a <i>control affiliate</i> ever:</td> <td> </td> <td> </td> </tr> <tr> <td>(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i>?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>(2) been <i>charged</i> with any <i>felony</i>?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>B. In the past ten years has the <i>applicant</i> or a <i>control affiliate</i>:</td> <td> </td> <td> </td> </tr> <tr> <td>(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor involving: financial services</i> or a <i>financial services-related</i> business or any fraud, false statements or omissions, theft or any wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>(2) been <i>charged</i> with a <i>misdemeanor</i> specified in 8B(1)?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>				Criminal Disclosure	YES	NO	A. Has the <i>applicant</i> or a <i>control affiliate</i> ever:			(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	(2) been <i>charged</i> with any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	B. In the past ten years has the <i>applicant</i> or a <i>control affiliate</i> :			(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor involving: financial services</i> or a <i>financial services-related</i> business or any fraud, false statements or omissions, theft or any wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?	<input type="checkbox"/>	<input type="checkbox"/>	(2) been <i>charged</i> with a <i>misdemeanor</i> specified in 8B(1)?	<input type="checkbox"/>	<input type="checkbox"/>																							
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Regulatory Action Disclosure		YES	NO
C. Has any State or federal regulatory agency or <i>foreign financial regulatory authority</i> ever: (1) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have made a false statement or omission or been dishonest, unfair or unethical?		<input type="checkbox"/>	<input type="checkbox"/>
(2) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been <i>involved</i> in a violation of a <i>financial services-related</i> regulation(s) or statute(s)?		<input type="checkbox"/>	<input type="checkbox"/>
(3) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been a cause of a <i>financial services-related</i> business having its authorization to do business denied, suspended, revoked or restricted?		<input type="checkbox"/>	<input type="checkbox"/>
(4) entered an <i>order</i> against the <i>applicant</i> or a <i>control affiliate</i> in connection with a <i>financial services-related</i> activity?		<input type="checkbox"/>	<input type="checkbox"/>
(5) denied, suspended, or revoked the <i>applicant's</i> or a <i>control affiliate's</i> registration or license or otherwise, by <i>order</i> , prevented it from associating with a <i>financial services-related</i> business or restricted its activities?		<input type="checkbox"/>	<input type="checkbox"/>
D. Has the <i>applicant's</i> or a <i>control affiliate's</i> authorization to act as an attorney, accountant, or State or federal contractor ever been revoked or suspended?		<input type="checkbox"/>	<input type="checkbox"/>
E. Is the <i>applicant</i> or a <i>control affiliate</i> now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of 8C?		<input type="checkbox"/>	<input type="checkbox"/>
Civil Judicial Disclosure			
F. (1) Has any domestic or foreign court: (a) in the past ten years <i>enjoined</i> the <i>applicant</i> or a <i>control affiliate</i> in connection with any <i>financial services-related</i> activity?		<input type="checkbox"/>	<input type="checkbox"/>
(b) ever <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> was <i>involved</i> in a violation of any <i>financial services-related</i> statute(s) or regulation(s)?		<input type="checkbox"/>	<input type="checkbox"/>
(c) ever dismissed, pursuant to a settlement agreement, a <i>financial services-related</i> civil action brought against the <i>applicant</i> or <i>control affiliate</i> by a State or <i>foreign financial regulatory authority</i> ?		<input type="checkbox"/>	<input type="checkbox"/>
(2) Is the <i>applicant</i> or a <i>control affiliate</i> named in any pending <i>financial services-related</i> civil action that could result in a "yes" answer to any part of 8F(1)?		<input type="checkbox"/>	<input type="checkbox"/>
Financial Disclosure			
G. In the past ten years has the <i>applicant</i> or a <i>control affiliate</i> been a mortgage servicer or a <i>control affiliate</i> of a mortgage servicer that has been the subject of a bankruptcy petition?		<input type="checkbox"/>	<input type="checkbox"/>
H. Has a bonding company ever denied, paid out on, or revoked a bond for the <i>applicant</i> ?		<input type="checkbox"/>	<input type="checkbox"/>
I. Does the <i>applicant</i> have any unsatisfied judgments or liens against it?		<input type="checkbox"/>	<input type="checkbox"/>
10. Applicant's servicing offices: List all servicing office locations of the <i>applicant</i> , other than the principal office of the <i>applicant</i> , that are in New Hampshire or that service mortgages on property located in New Hampshire. Attach a separate sheet if necessary..			
Company Name	Address/Zip	Telephone No.	Contact Person

ATTACHMENTS REQUIRED TO BE FILED AS PART OF THE APPLICATION

FORM U-2, UNIFORM CONSENT TO SERVICE OF PROCESS

11. Attach Form U-2 (see form and instructions that are attached to this application form).

ORGANIZATION AND QUALIFICATION PAPERS

12. A. *Applicants* must provide organizational documents as follows: corporations must submit a copy of their Articles of Incorporation and By-Laws and any amendments thereto; Partnerships must submit a copy of the Partnership or Limited Partnership Agreement and any amendments thereto; and Limited Liability Companies must submit copies of their Articles of Organization, any Management Agreements that exist, and any amendments to either.
- B. If *applicant* is not organized under the laws of the State of NH, attach a copy of a currently valid certificate of authority that authorizes the *applicant* to conduct business in NH and is issued by the NH Secretary of State (NH Secretary of State, Corporate Division – Phone 603-271-3244 or 603-271-3246).
- C. If a trade name is to be used in NH, submit a copy of the NH Secretary of State's trade name registration (NH Secretary of State, Corporate Division – Phone 603-271-3244 or 603-271-3246).

WARNING: Failure to keep this entire application/amendment form current and to file accurate supplementary information on a timely basis, or otherwise to comply with the provisions of law pertaining to the conduct of business in New Hampshire violates the laws of New Hampshire and may result in disciplinary, administrative, injunctive or criminal action.

INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS MAY CONSTITUTE CRIMINAL VIOLATIONS.

THE PERSON NAMED AS THE CONTACT EMPLOYEE IN ITEM NO. 1,I OR AS THE PRINCIPAL REGISTRATION CONTACT NAMED IN ITEM NO. 1,J OF THIS APPLICATION FORM, MUST MAKE THE AFFIRMATION BELOW AND SIGN THE APPLICATION UNDER PENALTY OF UNSWORN FALSIFICATION, RSA 641:3.

I subscribe and affirm, under penalty of perjury, that the statements made in this application, including statements made in any accompanying papers, schedules and attachments, have been examined by me and to the best of my knowledge and belief are true, correct and complete, and that I am duly authorized to execute this affirmation. I understand that any misrepresentation made to the banking department may result in denial or revocation of the mortgage servicer registration to which this form relates.

I agree, on behalf of the *applicant*, that the *applicant* will promptly report and amend documents and records on file with the New Hampshire Banking Department for any material changes (including but not limited to change in owners, officers, directors, managers including NH branch managers, address, form of organization, contact information, FYE, etc.). The report of an amendment must be filed within 30 days of the event that requires the filing of an amendment.

I acknowledge on behalf of the *applicant* that the *applicant's* business, if registered, will be operated in accordance with the New Hampshire Revised Statutes Annotated and rules of the New Hampshire Banking Department, and further acknowledge that the New Hampshire Banking Department is authorized to conduct examinations of the business affairs and records of the *applicant's* registered business at any time with or without notice, and that all books, papers, files, related material, and records of assets, whether electronically stored or otherwise, shall be subject to the Department's examination. I am signing this document under penalty of Unsworn Falsification pursuant to NH RSA 641:3.

Date: _____

For _____
(Print or type *Applicant* or *Registrant's* name)

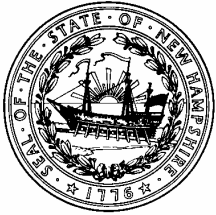
By _____
(Print or type name of the authorized signatory)

Signature _____
(Signed under penalty of Unsworn Falsification
pursuant to NH RSA 641:3)

Title _____

<div>NH Schedule A DIRECT OWNERS AND EXECUTIVE OFFICERS (Answer for Item 4 of the NH Application/Amendment Form)</div>	Applicant full legal name: _____				
Date: _____					
<p>1. Use Schedule A only in new applications to provide information on the <i>direct owners</i> and <i>principals</i> of the <i>applicant</i>. Under NH law, "principal" of the <i>applicant</i> or <i>licensee</i> includes owners and beneficiaries of 10 percent or more of the <i>applicant</i>, and each corporate officer, director, executive officer, senior manager, member, general partner, limited liability partner or limited partner with 10 percent or more ownership interest, trustee, beneficiary of 10 percent or more of the trust that owns the <i>applicant</i> or <i>licensee</i>, senior manager, and any person occupying similar status or performing similar functions. Use Schedule B in new applications to provide information on <i>indirect owners</i>. File all amendments to Schedules A & B on Schedule C. Complete each column.</p>					
<p>2. Principals and Direct Owners: list below the names of:</p> <p>(a) each <i>principal</i>;</p> <p>(b) in the case of an <i>applicant</i> that is a corporation, each shareholder that directly owns 10% or more of a class of a voting security of the <i>applicant</i>, unless the <i>applicant</i> is a publicly traded company; Direct owners include any <i>person</i> that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 10% or more of a class of a voting security of the <i>applicant</i>. For purposes of this Schedule, a <i>person</i> beneficially owns any securities (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant or right to purchase the security. Sole proprietors are 100% owners of their business;</p> <p>(c) in the case of an <i>applicant</i> that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 10% or more of the partnership's capital;</p> <p>(d) in the case of a trust that directly owns 10% or more of a class of a voting security of the <i>applicant</i>, or that has the right to receive upon dissolution, or have contributed, 10% or more of the <i>applicant's</i> capital, the trust, each 10% or more beneficiary of the trust and each trustee; and</p> <p>(e) in the case of an <i>applicant</i> that is a Limited Liability Company ("LLC"), (i) all members and (ii) if managed by elected managers, all elected managers.</p> <p>(f) Submit an Individual Disclosure Form, a Criminal History Record Information Authorization Form, fingerprint card and fingerprint fee for each individual listed on Schedule A.</p> <p>(g) NH branch managers are <i>principals</i> of the company, but must be reported on the NH Branch Office Application Form (not on this Schedule) and an Individual Disclosure Form, a Criminal History Record Information Authorization Form, fingerprint card and fingerprint fee must be submitted for each NH branch manager.</p>					
<p>3. Are there any indirect owners of the <i>applicant</i> required to be reported on Schedule B? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
<p>4. Complete the "Title or Status" column by entering board/management titles; status as a partner, trustee, sole proprietor, or shareholder; and for shareholders, the class of securities owned (if more than one is issued).</p>					
<p>5. In the "Publicly Traded" column, if the owner is a publicly traded company, enter the stock symbol; otherwise enter "NA".</p>					
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Title or Status	% Ownership		Publicly Traded	S.S. No., IRS Tax No. or Employer ID

<div>NH Schedule B</div> <div>INDIRECT OWNERS</div> <div>(Answer for Item 4 on the NH Application/Amendment Form)</div>		Applicant full legal name: _____				
		Date: _____				
1. Use Schedule B only in new applications to provide information on the <i>indirect</i> owners of the <i>applicant</i> . Use Schedule A in new applications to provide information on <i>direct</i> owners. File all amendments to Schedules A & B on Schedule C. Complete each column.						
2. Indirect owners: with respect to each owner listed on Schedule A (except individual owners), list below: (a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of a class of a voting security of that corporation; For purposes of this Schedule, a <i>person</i> beneficially owns any securities (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant or right to purchase the security. (b) in the case of an owner that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital; (d) in the case of an owner that is a trust, the trust, each beneficiary of 25% or more of the trust and each trustee; and (e) in the case of an owner that is a Limited Liability Company ("LLC"), (i) all members and (ii) if managed by elected managers, all elected managers. (f) Submit an Individual Disclosure Form, a Criminal History Record Information Authorization Form, fingerprint card and fingerprint fee for each individual listed on Schedule B.						
3. Continue up the chain of ownership listing all 25% or more owners at each level. Once a public reporting company is reached, no ownership information further up the chain of ownership need be given.						
4. Complete the "Status" column by entering status as a partner, trustee, shareholder, etc. and if shareholder, class of securities owned (if more than one is issued).						
5. In the "Publicly Traded" column, if the owner is a publicly traded company, enter the stock symbol; otherwise enter "NA".						
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)		Entity in Which Interest is Owned	Status	% Ownership	Publicly Traded	S.S. No., IRS Tax No. or Employer ID



Peter C. Hildreth
Bank Commissioner

Robert A. Fleury
Deputy Bank Commissioner

State of New Hampshire

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SCHEDULE C AMENDMENT INSTRUCTIONS

OWNERSHIP AND MANAGEMENT – USE THIS FORM TO ENTER CHANGES AND UPDATES TO THE NH LICENSE APPLICATION FORM SCHEDULES A & B (THE SCHEDULE OF PRINCIPALS & OWNERS OF THE COMPANY)

1. Licensed and registered companies must amend the information about the *principals*, *direct* and *indirect* owners of the company within 30 days of an event that changes the information on file with the NH Banking Department. Use this Schedule C to amend that information. You may add, delete or change information about a *principal* of the company using this form. When adding a new individual as a *principal* of the company, you must attach an Individual Disclosure Form, a Criminal History Record Information Authorization Form, fingerprint card and records check fee for each individual added. Forms may be obtained at www.nh.gov/banking/consumer.html.
2. On the company's initial license application, Schedule A was used to report *direct* owners (including corporate, other types of organizations and individuals) & other *principals*. Use Item No. 3 of Schedule C to change information about *direct* owners & other *principals*.
3. On the company's initial NH license application, Schedule B was used to report *indirect* owners. Use Item No. 4 of Schedule C to report changes of information about *indirect* owners.
4. A licensed company that applied on an application that did not have "Schedules A and B" provided the same information to the NH Banking Department in a different format. Use Schedule C to amend that information to report changes about the licensed company's *principals*, *direct* and *indirect* owners.

Applicable definitions:

1. "Direct Owner" means any *person*, including individuals, that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of 10% or more the *licensee*.
2. "Indirect Owner" means, with respect to direct owners and other indirect owners in a multilayered organization:
 - (a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of that corporation;
 - (b) in the case of an owner that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital;
 - (c) in the case of an owner that is a trust, the trust, each trustee and each beneficiary of 25% or more of the trust;
 - (d) in the case of an owner that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers; and
 - (e) in the case of an indirect owner, the parent owners of 25% or more of their subsidiary.
3. "Licensee" – The *person* holding a New Hampshire license or registration that is applying or amending information on this form. The only instance in which the *licensee* is an individual is in the case of a sole proprietorship.
4. "Person" means an individual, corporation, business trust, estate, trust, partnership, association, 2 or more *persons* having a joint or common interest, or any other legal or commercial entity however organized.
5. "Principals" of the *licensee* include (1) principal shareholders (10% or more), (2) officers (president, vice president, secretary, treasurer), (3) executive officers and senior managers (senior vice presidents and higher), and (4) directors of a corporate applicant; **B.** general partners of a general partnership; **C.** general and limited partners (10% or more) of a limited partnership; **D.** members of a limited liability company; and **E.** trustees and beneficiaries (10% or more) of a trust. NH branch managers are *principals* of the licensee, but use the NH Branch Office Form to report changes in branch managers.

Schedule C

AMENDMENTS TO

SCHEDULES A & B

(Amendments to answers for

Item 4 on the NH

Application/Amendment Form)

Licensee/Registrant full legal name: _____

Effective Date: _____

☐ Mortgage Banker

☐ Mortgage Broker

☐ Mortgage Servicer

☐ Sales Finance Company

☐ Small Loan Lender

☐ Retail Seller

☐ Debt Adjuster

☐ Money Transmitter

1. This Schedule is used to amend Schedules A and B of NH License or Registration Application Form. Refer to instructions above and to Schedules A & B for specific instructions for completing this Schedule C. **Complete each column.**

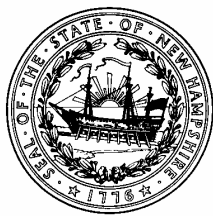
2. In the Type of Amendment ("Type of Amd.") column, indicate "A" (addition), "D" (deletion), or "C" (change in information about the same *person*).

3. List below all changes to Schedule A (DIRECT OWNERS [10% or more], EXECUTIVE OFFICERS AND OTHER PRINCIPALS):

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Type of Amd.	Title or Status	% Ownership		Publicly Traded	S.S. No., IRS Tax No. or Employer ID

4. List below all changes to Schedule B (INDIRECT OWNERS [25% or more]):

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Type of Amd.	Entity in Which Interest is Owned	Status	% Ownership	Publicly Traded	S.S. No., IRS Tax No. or Employer ID



State of New Hampshire

Banking Department

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INSTRUCTIONS TO FORM U-2 N.H. UNIFORM CONSENT TO SERVICE OF PROCESS

1. The name of the applicant for licensure or registration is to be inserted in the blank space on line 1 Uniform Form U-2 ("Form").
2. The type of person executing the Form is to be described by striking out the inapplicable nomenclature in lines 2-4 and, if appropriate, by inserting a description of the person in the blank space provided on line 2 of the Form.
3. The name of the jurisdiction under which the person was formed or is to be formed is to be inserted in the blank spaces on line 3 of the Form.
4. The person to whom a copy of any notice, process of pleading which is served pursuant to the Consent to Service of Process is to be inserted in the appropriate blank spaces on page 1 of the Form.
5. An original manually signed Form must be filed with each application for licensure or registration.
6. The Form must be signed by the person. If the person is a corporation, it should be signed in the name of the corporation by an executive officer duly authorized; if a partnership, it should be signed in the name of the partnership by a general partner; and if an unincorporated association or other organization which is not a partnership, the Form should be signed in the name of such organization by a person responsible for the direction of management of its affairs.
7. The form must be signed under penalty of Unsworn Falsification pursuant to NH RSA 641:3.

UNIFORM CONSENT TO SERVICE OF PROCESS

KNOW ALL MEN BY THESE PRESENT:

That the undersigned _____, (a corporation), (a partnership), (limited liability company) or
(Name of applicant for licensure or registration)

a (_____) organized under the laws of the State of _____, or (an individual), [strike out inapplicable nomenclature] for the purposes of complying with the laws of the State of New Hampshire relating to either licensure as a mortgage broker, mortgage banker, sales finance company, retail seller, small loan lender, debt adjuster, money transmitter or to registration as a mortgage servicing company, hereby irrevocably appoints the Bank Commissioner of the State of New Hampshire and the successors in such office its attorney in the State of New Hampshire upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of or in connection with business conducted pursuant to said license or registration or out of violation of the aforesaid laws of said state; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within said state by service of process upon said officer with the same effect as if the undersigned was organized or created under the laws of said state and had been served lawfully with process in said state.

It is requested by the applicant that a copy of any notice, process or pleading served hereunder be mailed to:

(Name)

(Address)

Dated this _____ day of _____, 20_____

(COMPANY SEAL)

Signed under penalty of Unsworn Falsification pursuant to NH RSA 641:3

By _____
(Print name of Applicant)
By _____
(Signature of Officer)

(Print Name and Title of Officer)



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NH INDIVIDUAL DISCLOSURE INFORMATION INSTRUCTIONS

A. GENERAL INSTRUCTIONS

1. **INITIAL FILING** – An Individual Disclosure Form for each of the *applicant's/licensee's principals and direct & indirect owners* must accompany the *applicant's* initial Company License Application Form. Attach an Individual Disclosure Form, a Criminal History Record Information Authorization Form, fingerprint card and fee for each individual listed as a *principal* or *direct* or *indirect owner* in the Company Application.
2. **AMENDMENTS** – The *applicant/licensee* must promptly update information on both the Company License Application form and each *principal's* or *direct* or *indirect owner's* Individual Disclosure Form if it becomes materially inaccurate and when a *principal* leaves the licensee's employ. An amendment shall be considered to be filed promptly if the amendment is filed within 30 days of the event that requires the filing of the amendment. On each form, circle the item being amended. Complete only the information that is being amended as well as the name of *applicant* and the name of the *principal* or *direct* or *indirect owner*.
3. **EMPLOYMENT REPRESENTATION** – The employment representation section must be completed by an authorized representative of the *applicant* (corporate officer, partner, member, sole proprietor, etc).
4. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
5. **DATES** – The filing date is the date *applicant* submits this form to the *jurisdiction(s)*. The effective date is the date *applicant/licensee* would like this license/registration or amendment to become effective if an amendment is being filed prior to the happening of an event.

B. FILING INSTRUCTIONS

1. FORMAT

- A. Employment history, item 5: provide the full legal name of the company, beginning with your current employer.
- B. The Acknowledgment & Consent section must have an original manual signature and must be signed pursuant to NH RSA 641:3, Unsworn Falsification.
- D. The Company Employment Representation section must include original manual signature.
- E. Type all information.
- F. Use only the current version of the Individual Disclosure Form or a reproduction of it.

2. ATTACHMENT

Enclose a Criminal History Record Information Authorization Form and fingerprint card for each individual listed as a *principal* or *direct* or *indirect owner* in the Company Application.

C. EXPLANATION OF TERMS – The following terms are italicized throughout the Individual Disclosure Form.

1. GENERAL

APPLICANT or LICENSEE– The company that is newly applying on or the NH licensed company amending information on this form. The only instance in which the *applicant* or *licensee* is an individual is in the case of a sole proprietorship.

CONTROL – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a director, general partner or officer exercising executive responsibility (or having similar status or functions); (ii) directly or indirectly has the right to vote 10% or more of a class of a voting security or has the power to sell or direct the sale of 10% or more of a class of voting securities; or (iii) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 10% or more of the capital, is presumed to control that company.

DIRECT OWNER – Any person, including individuals, that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of 10% or more the applicant or licensee.

INDIRECT OWNER – With respect to direct owners and other indirect owners in a multilayered organization:

- (a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of that corporation;
- (b) in the case of an owner that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital;
- (c) in the case of an owner that is a trust, the trust, each trustee and each beneficiary of 25% or more of the trust;
- (d) in the case of an owner that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers; and
- (e) in the case of an indirect owner, the parent owners of 25% or more of their subsidiary.

JURISDICTION - The federal government, a foreign government, a state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

PERSON – An individual, corporation, business trust, estate, trust, partnership, association, 2 or more persons having a joint or common interest, or any other legal or commercial entity however organized.

PRINCIPAL – of the applicant or licensee means an owner with 10 percent or more ownership interest, corporate officer, director, member, general or limited liability partner, limited partner with 10 percent or more ownership interest, trustee, beneficiary of 10 percent or more of the trust that owns the applicant or licensee, executive officer, senior manager, New Hampshire branch manager, and any person occupying similar status or performing similar functions.

2. FOR THE PURPOSE OF ITEM 6

CHARGED – Being accused of a crime in a formal complaint, information, or indictment (or equivalent formal charge).

ENJOINED – Includes being subject to a mandatory injunction, prohibitory injunction, preliminary injunction, or a temporary restraining order.

FELONY – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *felony* is an offense punishable by a sentence of at least one year imprisonment and/or a fine of at least \$1,000. The term also includes a general court martial.

FINANCIAL SERVICES OR FINANCIAL SERVICES-RELATED – Pertaining to securities, commodities, banking, insurance, consumer lending, debt adjustment, money transmission or real estate (including, but not limited to, acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, mortgage servicer, closing agent, title company, or escrow agent).

FOREIGN FINANCIAL REGULATORY AUTHORITY – Includes (1) a *financial services* authority of a foreign country; (2) other governmental body empowered by a foreign government to administer or enforce its laws relating to the regulation of *financial services* or *financial services-related* activities; and (3) a foreign membership organization, a function of which is to regulate the participation of its members in *financial services* activities listed above.

FOUND – Includes adverse final actions, including consent decrees in which the respondent has neither admitted nor denied the findings, but does not include agreements, deficiency letters, examination reports, memoranda of understanding, letters of caution, admonishments, and similar informal resolutions of matters.

INVOLVED – Doing an act or omission or aiding, abetting, counseling, commanding, inducing, conspiring with or failing reasonably to supervise another in doing an act or omission.

MISDEMEANOR – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *misdemeanor* is an offense punishable by a sentence of less than one year imprisonment and/or a fine of less than \$1,000. The term also includes a special court martial.

ORDER – A written directive issued pursuant to statutory authority and procedures, including orders of denial, suspension, or revocation; does not include special stipulations, undertakings or agreements relating to payments, limitations on activity or other restrictions unless they are included in an *order*.

PROCEEDING – Includes a formal administrative or civil action initiated by a governmental agency, self-regulatory organization or a *foreign financial regulatory authority*; a *felony* criminal indictment or information (or equivalent formal charge); or a *misdemeanor* criminal information (or equivalent formal charge). The term does not include other civil litigation, investigations, or arrests or similar charges affected in the absence of a formal criminal indictment or information (or equivalent formal charge).

Please make sure that all items on the application form are completed and all attachments, numbered to correspond to the question or item to which they respond, are enclosed with the application filing. Please include the applicant's name on each attachment. Inclusion of a list/index of attachments is recommended. Care in providing all the required information will result in the filing of a complete application and will enable us expeditiously to review the application without the need to write for further information.

NH INDIVIDUAL DISCLOSURE FORM

INDIVIDUAL'S INFORMATION

Applicant (Licensee's) full legal name: _____

Date of filing: _____ Effective Date: _____

WARNING: Failure to keep this form current and to file accurate supplementary information on a timely basis, or otherwise to comply with the provisions of law pertaining to the conduct of business in New Hampshire violates the laws of New Hampshire and may result in disciplinary, administrative, injunctive or criminal action.

INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS MAY CONSTITUTE CRIMINAL VIOLATIONS.

APPLICATION ☐ AMENDMENT ☐ (To amend, circle items being amended.) TERMINATION ☐ (Individual's employment)

1. Individual's identifying information:

A. Full last, first and middle names:

Last name First name Full middle name Suffix

B. (1) Social Security Number:

(2) Gender: ☐ Male ☐ Female

C. (1) Date of Birth (MM/DD/YYYY)

(2) State/Province of Birth: _____ (3) Country of Birth: _____

D. List all other name(s) you have used or are using, or by which you are known or have been known, other than your legal name, since the age of 18. This field should include for example, nicknames, aliases, and names used before/after marriage. (Use additional sheets as necessary).

1. Name 2. Name 3. Name 4. Name

E. (For amendments only) If this filing reports that an individual's name has changed, enter the new name and attach supporting legal documentation

Last name First name Full middle name Suffix

F. Office of Employment address: (Do not use a P.O. Box)

☐ If this address is your private residence, check this box.

Number and Street City State/Country Zip+4/Postal Code

G. Current Residence address, if different:

Number and Street City State/Country Zip+4/Postal Code

H. Telephone Numbers and e-mail address:

Business phone

Fax line

Area Code Telephone Number

Area Code Telephone Number

Cell phone

Area Code Telephone Number

e-mail address

INDIVIDUAL'S ACKNOWLEDGMENT & CONSENT:

I swear or affirm that I have read and understand the items and instructions on this form and that my answers (including attachments) are true and complete to the best of my knowledge. I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers. I authorize all my current and former employers, law enforcement agencies, and any other person to furnish to the New Hampshire Banking Department, or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former employers, complete reasons for my termination. I further authorize the department to request and receive credit reports, tax records, local, state, federal or international governmental records, police and criminal records from any and all law enforcement officials, personal background reports and reports from national and/or regional databases, employment information, current and past record of conduct with any regulatory entity or agency, and further authorize that such information may be released to the State of New Hampshire Banking Department by such entities and/or officials upon presentation of this authorization, or a photostatic copy hereof. I understand that the State of New Hampshire Banking Department will utilize any information it receives as a result of this authorization for purposes of determining compliance with licensing or registration standards set forth in RSA 397-A, 397-B, 399-A, 399-D, 399-G and/or 361-A, as applicable. I understand that this authorization does not expire. If the above applicant is a retail seller, I understand the Department will not request and receive credit reports in my name. I am signing this document under penalty of Unsworn Falsification pursuant to NH RSA 641:3.

Date (MM/DD/YYYY)

Signature of Individual

COMPANY EMPLOYMENT REPRESENTATION:

To the best of my knowledge and belief, the individual, at the time of approval, will be familiar with the statutes, regulations, and rules of the State of New Hampshire where this application is being filed, and will be fully qualified for the position for which application is being made herein. I have taken appropriate steps to verify the accuracy and completeness of the information contained in and with this application. I have provided the individual an opportunity to review the information contained herein and the individual has approved this information and signed the form. I am signing this document under penalty of Unsworn Falsification pursuant to NH RSA 641:3.

Date (MM/DD/YYYY)

(Name of Licensed Company)

By:

Signature of authorized party

Print Name

Title

Acknowledgment & Consent & Employment Representation sections must always be completed in full with original, manual signatures.

Applicant (Licensee's) full legal name: _____

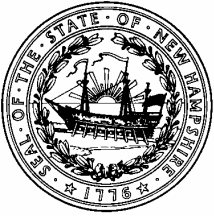
Individual's full legal name: _____

2. Fingerprint Information filing representation: <input type="checkbox"/> I represent that I am submitting, have submitted, or promptly will submit a Criminal History Record Information Authorization Form and a fingerprint card to the New Hampshire Banking Department.								
3. Residential History: Starting with current address (item 1G), give all addresses for the past 10 years. (Attach additional sheets as necessary.)								
From (MM/YYYY)	To (MM/YYYY)	Street Address	City	State or Province	Zip or Postal Code	Country		
4. Employment History: Provide complete employment history for the past 10 years. Account for all time including full & part-time employments, self-employment, military service, and homemaking. Also, include periods such as unemployed, full-time student, extended travel, etc. Indicate by "YES" or "NO" whether this employment was <i>financial service-related</i> business. (Attach additional sheets as needed.)								
From (MM/YYYY)	To (MM/YYYY)	Employer (company name)	Position Held	City	State or Province	Country	YES or NO?	
5. Other Business: Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude non- <i>financial services-related</i> activity that is exclusively charitable, civic, religious, or fraternal and is recognized as tax exempt.) If YES, provide the following details: the name of the other business; whether the business is <i>financial services-related</i> ; the address of the other business; the nature of the other business; your position, title, or relationship with the other business; the start date of your relationship; the approximate number of hours/month you devote to the other business; and briefly describe your duties relating to the other business. (Attach additional sheets as needed.) Details: _____							YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Disclosures: If the answer to any of the following is "YES", provide complete details of all events or proceedings in an attachment. Refer to the explanation of terms section of the instructions for explanations of italicized terms.								
Financial Disclosure							YES	NO
A. Within the past ten years:								
(1) have you filed a personal bankruptcy petition or been the subject of an involuntary bankruptcy petition?							<input type="checkbox"/>	<input type="checkbox"/>
(2) based upon events that occurred while you exercised <i>control</i> over any organization, have any filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?							<input type="checkbox"/>	<input type="checkbox"/>
B. Has a bonding company ever denied, paid out on, or revoked a bond for you?							<input type="checkbox"/>	<input type="checkbox"/>
C. Do you have any unsatisfied judgments or liens against you?							<input type="checkbox"/>	<input type="checkbox"/>

Applicant (Licensee's) full legal name: _____

Individual's full legal name: _____

	YES	NO
Criminal Disclosure		
D. Have you ever:		
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) been <i>charged</i> with any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
E. Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:		
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) been <i>charged</i> with any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
F. Have you ever:		
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor</i> involving: <i>financial services</i> or a <i>financial services-related</i> business or any fraud, false statements or omissions, theft or any wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?	<input type="checkbox"/>	<input type="checkbox"/>
(2) been <i>charged</i> with a <i>misdemeanor</i> specified in 6F(1)?	<input type="checkbox"/>	<input type="checkbox"/>
G. Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:		
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor</i> specified in 6F(1)?	<input type="checkbox"/>	<input type="checkbox"/>
(2) been <i>charged</i> with a <i>misdemeanor</i> specified in 6F(1)?	<input type="checkbox"/>	<input type="checkbox"/>
Regulatory Action Disclosure		
H. Has any State or federal regulatory agency or <i>foreign financial regulatory authority</i> ever:		
(1) <i>found</i> you to have made a false statement or omission or been dishonest, unfair or unethical?	<input type="checkbox"/>	<input type="checkbox"/>
(2) <i>found</i> you to have been <i>involved</i> in a violation of a <i>financial services-related</i> regulation(s) or statute(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(3) <i>found</i> you to have been a cause of a <i>financial services-related</i> business having its authorization to do business denied, suspended, revoked or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
(4) entered an <i>order</i> against you in connection with a <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(5) denied, suspended, or revoked your registration or license, disciplined you, or otherwise by <i>order</i> , prevented you from associating with a <i>financial services-related</i> business or restricted your activities?	<input type="checkbox"/>	<input type="checkbox"/>
(6) denied, suspended, or revoked your registration or license, disciplined you, or otherwise by <i>order</i> , prevented you from associating with a <i>financial services-related</i> business or restricted your activities?	<input type="checkbox"/>	<input type="checkbox"/>
(7) barred you from association with an entity regulated by such commission, authority, agency, or officer, or from engaging in a <i>financial services-related</i> business?	<input type="checkbox"/>	<input type="checkbox"/>
(8) issued a final <i>order</i> based on violations of any law or regulations that prohibit fraudulent, manipulative, or deceptive conduct?	<input type="checkbox"/>	<input type="checkbox"/>
I. Have you ever had an authorization to act as an attorney, accountant, or State or federal contractor that was revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
J. Are you now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of 6H or 6I?	<input type="checkbox"/>	<input type="checkbox"/>
Civil Judicial Disclosure		
K. (1) Has any domestic or foreign court ever:		
(a) <i>enjoined</i> you in connection with any <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(b) <i>found</i> that you were <i>involved</i> in a violation of any <i>financial services-related</i> statute(s) or regulation(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(c) dismissed, pursuant to a settlement agreement, a <i>financial services-related</i> civil action brought against you by a State, federal, or <i>foreign financial regulatory authority</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Are you named in any pending <i>financial services-related</i> civil action that could result in a "yes" answer to any part of 6K(1)?	<input type="checkbox"/>	<input type="checkbox"/>
Customer Arbitration/Civil Litigation Disclosure		
L. Have you ever been named as a respondent/defendant in a <i>financial services-related</i> consumer-initiated arbitration or civil litigation which:		
(1) is still pending; or	<input type="checkbox"/>	<input type="checkbox"/>
(2) resulted in an arbitration award or civil judgment against you, regardless of amount, or that required corrective action; or	<input type="checkbox"/>	<input type="checkbox"/>
(3) was settled for any amount?	<input type="checkbox"/>	<input type="checkbox"/>
Termination Disclosure		
M. Have you ever voluntarily resigned, been discharged, or permitted to resign after allegations were made that accused you of:		
(1) violating statute(s), regulation(s), rule(s), or industry standards of conduct?	<input type="checkbox"/>	<input type="checkbox"/>
(2) fraud, dishonesty, theft, or the wrongful taking of property?	<input type="checkbox"/>	<input type="checkbox"/>



State of New Hampshire

Banking Department

64B Old Suncook Rd
Concord, NH 03301

Peter C. Hildreth
Bank Commissioner

Robert A. Fleury
Deputy Bank Commissioner

Telephone: (603) 271-3561
Fax: (603) 271-0750
Licensing: (603) 271-8675
www.nh.gov/banking

CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION FORM, NON-DEPOSITORY LENDER/BROKER, SERVICER, RETAIL SELLER, MONEY TRANSMITTER OR DEBT ADJUSTER

INSTRUCTIONS:

1. As part of the Banking Department's license and registration application review process, criminal background checks are required for each of the applicant's individual direct owners/investors/beneficiaries of 10% or more, indirect owners of 25% or more and for each principal, officer, manager (senior vice president or higher), LLC member, partner in a partnership, director, trustee, and NH branch manager of the applicant.
2. Criminal Record checks are conducted by the State of New Hampshire Department of Safety State Police Division. The Department of Safety charges a \$39 fee to cover costs for each record check. The \$39 fee may be aggregated into one check if record checks are to be performed for more than one individual. However, the Department of Safety will only accept checks in the amount of \$39, or any multiple of \$39 (2 cards \$78, 3 cards \$117, etc. They will not accept 2 checks such as one for \$15 and an additional check for \$24). All checks and money orders for the record checks should be made payable to the "State of NH – Criminal Records."
3. You will need to submit fingerprints in order to complete the criminal background check. To obtain a fingerprint card, which must be on a New Hampshire State Police fingerprint form, you may submit a form from our website www.nh.gov/banking/consumer.html, call (603) 271-8675, or e-mail licensing@banking.state.nh.us the licensing section at the Banking Department, and indicate the number of cards needed and the address where they should be sent (only one address; the *applicant, licensee or registrant* is responsible for distribution to applicable persons within their organization) and we will send fingerprint cards out to you right away.
4. The New Hampshire cards must be taken to a local police department where a professional will take the fingerprints.
5. Every person **must** complete the following sections of the card:
 - a. Print the name of person whose record will be checked, "LAST NAME", "FIRST NAME", "MIDDLE NAME"; it must be legible;
 - b. Written "SIGNATURE OF THE PERSON FINGERPRINTED";
 - c. "RESIDENCE" address "OF THE PERSON FINGERPRINTED";
 - d. "DATE OF BIRTH DOB", "Month", "Day", "Year";
 - e. Country of "CITIZENSHIP" "CTZ" (most will be USA);
 - f. All vital information (ie. "SEX", "RACE" "HGT.", "WGT.", "EYES" (color), "HAIR" (color), "PLACE OF BIRTH POB");
 - g. "DATE" the form was signed and the "SIGNATURE OF THE OFFICIAL TAKING FINGERPRINTS";
 - h. "EMPLOYER NAME AND ADDRESS";
 - i. "SOCIAL SECURITY NO. SOC".
6. Unless the card has preprinted information in the following boxes, the Banking Department will complete the following sections of the fingerprint card for you:
 - a. "ORI";
 - b. "YOUR NO. OCA";
 - c. "FBI NO. FBI";
 - d. "ARMED FORCES NO. MNU";
 - e. "REASON FINGERPRINTED";
 - f. "MISCELLANEOUS NO. MNU".
7. A copy of the Department of Safety Division of State Police *Criminal History Record Information Authorization Form* follows these instructions. You may make copies of this form, and then complete a form for each person described in the first paragraph of these instructions. Complete all items in Section I, and make sure to sign the release information in Section II of the form and have the form notarized.
8. Submit a *Criminal History Record Information Authorization Form*, a fingerprint card and a fee in the amount of \$39, for each principal of the company listed in the application, to the Banking Department. We will forward the document(s) and check(s) to the Department of Safety. Fees covering multiple individuals may be combined into one check.

If you have any questions about the procedure or requirements, please call the Banking Department's Licensing Section at 603-271-8675.



New Hampshire Department of Safety
DIVISION OF STATE POLICE
Central Repository for Criminal Records
33 Hazen Drive, Concord, NH 03305

NEW HAMPSHIRE BANKING DEPARTMENT CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION FORM
AUTHORITY NH RSA 397-A:1 – A:5; 361-A:2; 397-B:1 – B:4; 399-A:1 – A:3; 399-D:2 – D:5; 399-G:5; 383:7

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME _____
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____ SEX _____

DRIVER LICENSE NUMBER _____ STATE _____

My below signature certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: _____ DATE _____
Signed under penalty of unsworn falsification pursuant to RSA 641:3.

SECTION II

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,

ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

NEW HAMPSHIRE BANKING DEPARTMENT

NAME OF PERSON / FIRM TO RECEIVE RECORD _____

ADDRESS **64B OLD SUNCOOK ROAD** **CONCORD** **NH** **03301**
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____
(Affix Seal) (Comm. Exp.)

PETER C. HILDRETH, COMMISSIONER

SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD _____

NOTE: A \$39.00 fee is required for each request - make checks payable to: State of NH – Criminal Records.

☐ Applicant fingerprint card attached.